

'It was challenging, rewarding and gave me confidence to speak in public on very emotive topics.'

Within only two months of developing the guidelines, our members have aided the recruitment of a senior receptionist and chaplain. Our return rate is increasing and areas for improvement are being highlighted through this approach. For example, issues around volunteer transport and patient-staff communication have been raised enabling us to identify and rectify issues at a faster rate.

Conclusion It's important to think of new ways of involving patients and carers in influencing decisions because they have the voice of experience and are valuable assets in improving our services. We plan to continue to offer these opportunities and involve more of our patients and carers in our work.

P-232 'PIC' YOUR PATIENT: DEVELOPMENT OF A MULTI-PROFESSIONAL HANDOVER TOOL

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Background In a 26-bedded hospice it was recognised that handovers were excessive and inefficient. A review of practice revealed that they were occurring over 15 times per day with different professions present at each one. The Multi-disciplinary team (MDT) felt frustrated, recognising that the handovers reduced time for direct patient contact but still did not ensure timely sharing of crucial information. Staff wanted a single, efficient MDT handover to identify key patient issues.

Method Current available tools were reviewed including SBAR (Haig, Sutton & Whittington, 2006) (Situation, Background, Assessment, and Recommendation) but were found to be unsuitable for the hospice environment. The PIC acronym was created to facilitate nursing presentation of each patient. This prompted a discussion of: Plan (Is the patient going anywhere today? Are we working towards getting them to their preferred place of care?); Involvement (Are they being seen by the appropriate MDT members?); Concerns (Are you concerned about the patient or their family?). The PIC tool was used at the newly launched 'Huddle' – a handover led by a senior nurse and designated consultant, with a representative from each discipline of the MDT occurring each weekday morning from 0900–0910.

Results Informal feedback from staff suggested that the Huddle and PIC tool enabled more organised and efficient discharges. It was useful to give a view of the complexity of the patients throughout the hospice and guide admissions. A formal survey of the MDT is being carried out, with results available by October 2017.

Conclusion Huddle is reducing the number of handovers each day and increasing the productivity of the hospice. This has benefits for swift discharge and assessing the needs of patients with complex problems. An unintended benefit has been improved nursing confidence in their presenting skills.

P-233 THE PERSPECTIVE OF HOSPICE CARE FROM PEOPLE WITH MULTIPLE SCLEROSIS, A QUALITATIVE RESEARCH STUDY

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The research aimed to understand the lived experience of people living with multiple sclerosis (MS), their perspectives of hospice care and particularly the supportive care group at St Giles. St Giles runs three MS Groups which are based around exercise and wellbeing and as the attendees make a donation they are self-sustaining financially. As hospices consider their role in rehabilitative palliative care and for people with a palliative illness not in the last 12 months of life this study aims to contribute to strategic thinking. The groups are a model of service provision for people living with potentially long term palliative conditions. The research aimed to inform future service developments for people with MS in addition to other people who may benefit from this type of service. Whilst the service itself has been evaluated, exploring attendees' perspective in more depth and whether 'hospice' was a barrier to access hadn't been done.

The research study in partnership with Keele University involved three focus groups with 20 people participating and the opportunity for follow up with a semi-structured interview, six interviews were undertaken. A thematic analysis was then completed.

The results suggested that 'hospice' was an initial barrier for a small number of attendees, however for most the opportunity to exercise with other people with MS was the 'hook' that encouraged people to join the group. The results demonstrated the importance for attendees to be with other MS patients there was a theme of acceptance and shared understanding. There was a theme of insufficient information being available following diagnosis and a sense of 'being left to get on with it'. There was an incredible sense of resilience and community. There is learning that contributes to future service developments for other groups but also some additional support for the MS group that would add value.

P-234 GATEWAY – A PORTAL TO THE RIGHT CARE AT THE RIGHT TIME AND IN THE RIGHT PLACE

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Background St Richard's Hospice have instigated a 'Gateway Service' for patient and family referrals to the hospice. This new service is designed to enable all patients to choose the level of care and support from the most appropriate specialist palliative care professional at the most appropriate time.

Aims Gateway aims to support national agendas by providing a better use of resources both physical and financial and by

promoting patient choice to provide a greater experience of care for all involved. Active discharge planning is encouraged with a 'step down' facility of telephone support.

Methods Gateway makes the first telephone contact and undertakes an expert assessment of need, ensuring patients and families are fully involved in their care through informed decision making in order to live well and die well. Gateway can provide an urgent home assessment to support appropriate admission to the inpatient unit if needed. Gateway provides specialist advice for patients and families to manage their condition promoting resilience and empowerment.

Results Patients and families receive true holistic assessment of need to identify and pre-empt potential problems with compassionate care through competent professionals who are committed to excellent communication. This service has proved to be cost effective and efficient whilst being highly effective. Economic evaluation provides evidence of significant reallocation of costs up to £423 000 per year across the hospice, enabling appropriate resources to be deployed to those most in need.

Conclusion Through leading change to effect a new culture of practice, current feedback identifies better allocation of resources at a cost saving, whilst enhancing excellent individualised care provision to patients and families referred for hospice support.

P-235 USING A PROJECT MANAGEMENT APPROACH TO DEVELOP AND IMPROVE PATIENT SERVICES

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Background Project Management focuses on benefits and outcomes, providing a proven and effective way of using resources and managing risks to undertake service development and improve patient services. Project management harnesses and shares knowledge, improves organisational engagement, communication and reflective learning. A trial of this approach was used to develop a Fatigue and Breathlessness service. Fatigue and breathlessness (FAB) are common and distressing symptoms for many people living with a life-limiting illness. Supporting patients to self-manage these symptoms is a key component of the rehabilitative palliative care agenda (Hospice UK, 2015).

Project

Aims To scope, develop, pilot and evaluate a community-based outreach service for patients experiencing fatigue and/or breathlessness within seven months.

Methods A small scale project management approach based on the principles of 'Prince2' (Prince2, 2009) was used to plan, implement, monitor and evaluate the development of this new service. A cross-functional project team with clear roles and responsibilities was established from the start. Regular team meetings, a succinct project brief and an ambitious but realistic project plan were all utilised to ensure successful completion of the project's objectives. Following a period of research, a six week FAB programme was developed incorporating education, self-management strategies, exercise and relaxation. Patient outcomes were measured using a modified MYMOP2 (Measure Yourself Medical Outcome Profile, University of Bristol), alongside participant evaluation forms.

Results Project management supported effective and resource efficient service development on time and within budget. Four groups were delivered during the pilot stage of this project in a range of community venues. Nineteen attendees completed outcome forms, with improvements made in all domains:

- Fatigue, 13%
- Breathlessness, 14%
- Chosen activity, 7%
- Wellbeing, 2%
- Knowledge, 19%
- Confidence in self-management, 17%

Conclusions Project Management supported significant patient and organisational benefits including:

- Risk management
- Patient safety
- Improved communication
- Team development and learning.

P-236 CHILDREN AND ADULT HOSPICE PROVISION FOR YOUNG ADULTS WITH LIFE-LIMITING CONDITIONS: A UK SURVEY

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Background Over 55 000 young adults aged 18–40 years old in England are living with life-limiting conditions (LLCs). This number is increasing. There is evidence of poor continuity of care for these young adults after transition to adult services, including the lack of short breaks/respite care. This lack of continuity for young adults and their family can ultimately result in carer burnout for families and deterioration in the young adult's health.

Aim To gather the views of staff from children's and adult hospices on the availability and challenges of providing services for young adults with LLCs.

Method An online survey was sent to children's and adult hospices across the UK with support from Hospice UK and Together for Short Lives to gather information about challenges around transition, and the current and future provision for young adults. Ethical approval was granted by the Faculty of Health and Social Care Research Ethics Committee. The study was funded by Liverpool Clinical Commissioning Group.

Results Thirteen children's hospices and 63 adult hospices responded (n=76); estimated response rates of 25% and 37% respectively. Findings indicate clear gaps and challenges in provision: lack of funding and capacity to develop services; lack of existing developmentally-appropriate services; perceived lack of a skilled and confident adult hospice workforce to support young adults who have complex care needs; and the need for better integrated working between children's and adult hospices, and other services. Findings also revealed excellent examples of hospice provision and integrated working.

Conclusions Improved communication and integration is vital to the development of hospice provision that meets the needs of young adults with LLCs and their families. There is also the need to gain young adults' perceptions and opinions on their wishes for care and services.